

4452

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index - No. 4452	
1. County <u>Pima</u>	District _____	County Registrar's No. _____	
Town or City <u>Tucson, Arizona</u>	No. _____	Local Registrar's No. _____	
ORIGINAL CERTIFICATE OF DEATH		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2. FULL NAME <u>Mary Gaius Payne</u>		St. _____ Ward _____	
(a) Residence. No. <u>Santa Rita</u> St. _____ Ward _____		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred yrs. <u>5</u> mos. <u>5</u> ds.		How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Divorced</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>			
7. AGE	Years _____	Months _____	Days _____
IF LESS than 1 day _____ hrs. _____ or _____ min.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) _____			
(c) Name of employer _____			
9. BIRTHPLACE (city or town) <u>Knoxville Tenn</u>			
(State or country) <u>Tenn</u>			
10. NAME OF FATHER <u>Gaius</u>			
11. BIRTHPLACE OF FATHER (city or town) <u>Unknown</u>			
(State or country) _____			
12. MAIDEN NAME OF MOTHER <u>Mary Jones</u>			
13. BIRTHPLACE OF MOTHER (city or town) <u>Unknown</u>			
(State or country) _____			
14. Informant <u>H. B. Hagin</u>			
(Address) <u>Tucson, Arizona</u>			
15. Filed <u>6/5</u> , 19 <u>22</u> <u>A. G. Schmale</u> Registrar			
V. S. No. 1			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>May - 31 1922</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>Feb 15, 1922</u> to <u>May - 31 -</u> , 19 <u>22</u> , that I last saw her alive on <u>May - 31 -</u> , 19 <u>22</u> and that death occurred, on the date stated above, at <u>8:34</u> p.m. The CAUSE OF DEATH* was as follows:			
<u>Acute Nephritis</u> <u>(Origin not known)</u> (duration) _____ yrs. _____ mos. <u>4</u> ds.			
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.			
18. Where was disease contracted _____ if not at place of death? _____			
Did an operation precede death? <u>No</u> . Date of _____			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>Lab. findings</u>			
(Signed) <u>R. J. Callender</u> , M. D.			
Address <u>5-31 1922 Tucson Ariz.</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Knoxville Tenn</u>		DATE OF BURIAL <u>June - 2 - 1922</u>	
20. UNDERTAKER <u>Long Company</u>		ADDRESS <u>Tucson, Arizona</u>	